STATE TITLE V BLOCK GRANT NARRATIVE
STATE: FM
APPLICATION YEAR: 2006

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

These are the standard forms that the Secretary of the Department of Health, Education and Social Affairs already signed and they are being mailed to the address below:

HRSA Grants Application Center
Attn: MCH Block Grant
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

To assure public input and feedback from the general public, the usual practice is that the Secretary of Health for the Department of Health, Education and Social Affairs disseminates the Title V MCH Block Grant Application to places that the public can easily obtain. In the past, the Department has done this by (1) making a general
announcement on the four State Radio Stations and inviting the public for comments and feedback and (2) making the copies available to each of the FSM State Department of Health Services for the public to pick up.

This year, this process is used again without having to send the appliction to the FSM Congress for endorsement. This is because, the FSM Congress has already endorsed the MCH Program in the FSM through the previous years' resolutions and by law only new grant or program has to be sent to FSM Congress for review and endorsement. However, if any grant or program is discontinued, the Department of HESA has to send, through the President, communication explaining the circumstances leading to such discontinuation with a contingency plan as to how the program activities can be sustained.

A copy of the announcemnet that goes out with this year's application was already mailed into the above address and is also attached herein.

/2005/No change.//2005//

/2006/No change//2006//

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

//2006//

III. Overview of the State

A. Overview

The Federated States of Micronesia (FSM) is an island nation consisting of approximately 607 islands in the Western Pacific Ocean. The Nation of the FSM lies between one degree south and fourteen degrees north latitude, and between 135 and 166 degrees east longitude. Although the total area encompassing the FSM, including its Economic Exclusive Zone (EEZ), is very expansive, the total land area is only 271 square miles with an additional 2,776 square miles of lagoon area. The 607 islands vary from large, high mountainous islands of volcanic origin to small flat uninhabited atolls. The FSM consists of four geographically and politically separate states: Chuuk, Kosrae, Pohnpei, and Yap.

Based on the 2000 Census, the total population of the FSM stood at 107,008 residents. The distribution of the population among the four states shows that the state with the smallest population is the State of Kosrae with 7,686 residents (7.2% of FSM total); the next largest population is in the State of Yap with 11,241 persons (10.5% of FSM total); Pohnpei state has a total population of 34,486 (32.2% of FSM total); and the largest population is in the State of Chuuk with 53,595 residents (50.1% of FSM total). Of this total population of 107,008, there are 24,172 women of child-bearing years of 15-44, which is 22.5% of the total population. Of this total population of child-bearing age women, there are 3,806 women between the ages of 15-17 years. The population structure continues to show that 55,824 (50.3%) of the residents - more than half of the population are under the age of 20 and the children under five-year old stood at 14,783 or 13.8% of the population.

The State of Chuuk consists of 15 high volcanic islands in the Chuuk Lagoon and a series of 14 outlying atolls and low islands. There are three geographic aspects to Chuuk, the administrative center of the state on the island of Weno (formerly Moen), the islands of the Chuuk Lagoon, and the islands of the outlying atolls - a total of approximately 290 islands in all. The 15 islands of the Chuuk Lagoon have a total land area of 39 square miles; and the lagoon itself has a total surface area of 822 square miles and is surrounded by 140 miles of coral reef. The islands of the Chuuk Lagoon include:
Northern Namoneas -14,722Weno (Moen)Fono Southern Nemoneas -11,694Tonoas TotiwFefan TsisParem Uman Faichuk -14,049Tol (Tol, Polle, Patta)Eot RomanumFanapanges Udot
There are three groups of outer islands: The Mortlocks, The Hall Islands and the Western Islands.
The Mortlocks (Nomoi) Islands - 6,911 population Upper Mortlocks - Nama and Losap Islands Mid-Mortlocks - Namoluk, Etal, Satowan atoll Lower Mortlocks - Lukunor, Southeast Satawan The Hall (Pafeng) Islands and Western Islands (Oksoritod) - 6,219 population Houk Murillo Onouo Fananu Polowat Onoun Unanu Ruo Pollap Makur Piherarh East Fayu Island (uninhabited) Tamatam Nomwin

The total population of the State of Chuuk based on the 2000 Census was 53,595 residents and of this total, 40,465 (76% of total state including Weno) live on the islands in the Chuuk Lagoon. The administrative center, Weno Island claims 13,802 residents (26% of total state), followed by Tol (5,129), Fefan (4,062), Tonoas (3,910), Uman (2,487), Patta (1,950), Udot (1,774), Wonei (1,271), and Polle (1,851). The remaining islands have less than 750 residents each. In assessing the age distribution of the population in Chuuk, of the 53,595 total residents 54% (28,780 persons) of the population are under 20 years of age. Of this group, 7,347 are children under 5 years of age. The median age in Chuuk is 18.5 years which makes this the youngest

population in the FSM. There are 11,960 (45% of the female population) women of child-bearing ages between 15-44 that live in the state.

Because of the vast expanse of water between islands, travel within the State of Chuuk is difficult. Within the lagoon, travel by boat from Weno to any of the other islands will take from 1.5 hours to 2 hours. Access to the outer islands is even more difficult with travel times on a cargo ship taking from four hours up to two days. The provision of health care to the population of Chuuk is made difficult because of the wide distribution of small clusters of the population among the the islands coupled with the fact that there is no transportation system that allows access to these islands.

The State of Kosrae is the only single-island state in the FSM and the furthest southeastern point of the four FSM states. The Island of Kosrae is the second largest inhabited island in the FSM (Pohnpei being the largest) with a land area of approximately 42.3 square miles. Because of the steep rugged mountain peaks, all of the local villages and communities are coastal communities that fringe the island and are connected by paved roads. Travel around Kosrae island is not difficult and it is possible to drive from one end of the island to the other end in approximately two hours of easy driving. The inner part of the island is characterized by high steep rugged mountain peaks, with Mount Finkol being the highest point of Kosrae at 2,064 feet above sea level. The island is surrounded by low-lying reefs and mangrove swamps. The state is divided into the four municipalities of: Lelu, Malem, Utwe, Tafunsak. The community of Wailung (approximate population of 200) is part of Tafunsak municipality, is isolated and only accessible by a 1/2 hour boat ride at high tide. The capitol of Kosrae is Tofol where the majority of the government buildings and offices, the single high school, and the Kosrae Stae Hospital are located. Also part of Tofol are the offices of private businesses including the Continental Micronesia office, Bank of FSM, FSM Development Bank, two restaurants and one hotel.

The total population of Kosrae, based on the 2000 Census data, is 7,686 residents. Of this total population, 2,059 people reside in Tafunsak, 3,648 persons in Lelu, 743 in Malem, and 460 residents on Utwe. In assessing the age distribution of the population, 52% (3,997 persons) of the population is less than 20 years of age and of that group 1,026 (13%) are less than 5 years of age. The population of women 15-44 years number 1,726 and comprise 45% of the total female population.

The State of Pohnpei consists of the main island of Pohnpei and eight smaller outer islands. The island of Pohnpei is rectangular in shape, is approximately 13 miles long and has a land mass of 129 square miles, and is the largest island in the FSM. The island itself is a high volcanic island with a central rain forest and a mountainous interior. The elevated interior has eleven peaks of over 2,000 feet with the highest peak, Nahnalaud at 2,595 feet above sea level. Pohnpei proper is encircled by a series of inner-fringing reefs, deep lagoon waters and an outer barrier reef with a number of islets found immediately off shore. The island of Pohnpei is subdivided into five municipalities of Madolenihmw, U, Nett, Sokehs, Kitti, and the town of Kolonia where the majority of the government buildings and offices, and the Pohnpei State Hospital are located. Of the outer islands of Pohnpei, to the south lies Kapingamarangi (410 miles from Pohnpei proper), Nukuor (308 miles), Sapwuahfik (100 miles), Oroluk (190 miles), Pakin (28 miles), and Ant (21 miles). To the east lies the islands of Mwoakilloa (95 miles) and Pingelap (155 miles). These outer islands together comprise a land mass of approximately 133 square miles and 331 square miles of lagoons.

The population of Pohnpei, based on the 2000 Census data, numbered 34,486 residents and is projected to reach 37,800 by the year 2003 and 48,700 by the year 2014. More than half (53%) of the population (18,194 persons) of Pohnpei are less than 20 years of age with the median age of 18.9 years. There are 7,713 women of child-bearing age between 15-44 years and they comprise 46% of the female population.

Travel on the island of Pohnpei proper is increasingly easier with the increased development

and improvement of paved roads to outlying communities. However, because of scattered housing along secondary unpaved dirt roads, there are still many residents who have a difficult time in accessing health care. The outer islands are the most difficult to reach because of the infrequent and undependable cargo ships. The regular field trip on the ship takes place once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services.

The State of Yap lies in the western most part of the Federated States of Micronesia. Yap proper is the primary area in Yap state and is a cluster of four islands (Yap, Gagil-Tomil, Maap, Rumung) connected by roads, waterways, and channels. Most of the coastal areas are mangrove with occasional coral beaches. The town of Colonia on Yap proper is the capital of Yap. The State of Yap has a total of 78 outer islands stretching nearly 600 miles east of Yap Proper Island of which 22 islands are inhabited. Although these islands encompass approximately 500,000 square miles of area in the Western Caroline Island chain, Yap state consists of only 45.8 square miles of land area. Most of the outer islands are coral atolls and are sparsely populated. The population distribution among these island based on the 2000 Census data are: Yap Proper with 52% (5,870 persons) of the population; Ulithi Lagoon has four inhabited islands (Asor, Falealop, Fatharai, Mogmog) with a population of 1,101 residents (9.8%); Wolaei is comprised of two lagoons (the West Lagoon and the East Lagoon) with five of the 22 islands inhabited with a population of 2,581 persons (23%); Fais, population 301; Eauripik, population 113; Satawal, population 531; Faraulep, population 221; Ifalik, population 561; Elato, population 96; Ngulu, population 26; and Lamotrek, population 339.

The total population of Yap state, based on the 2000 Census data, stands at 11,241 which is a 0.6% increase over the 1994 data. The Yap population comprises 10.5% of the total population of the Federated States of Micronesia. The median age for Yap is 20.9 years and is the highest median age among the fours states and comparatively higher that the median age of the FSM, which is 19 years. The age distribution of the population in Yap shows that 48.4% are under 20 years of age (5,438 persons); there are 2,775 women between 15-44 years of age, the child-bearing years which is 48% of the total female population.

Similar to the Island of Pohnpei, transportation on Yap Proper is becoming easier because of the development and improvement of paved roads; however, there are clusters of villages that are still difficult to access because of unpaved dirt roads. The outer islands are also difficult to reach because of the infrequent cargo ships. The regular field trip on the ship takes place once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services.

Within the FSM, the health care delivery environment differs for each of the four states and depends on the availability of resources, the geography of the state, and the extent to which the health care system has been de-centralized - as recommended in the 1995 FSM Economic Summit. The center of each State's health system is the hospital. Each contains an emergency room, outpatient clinics, inpatient wards, surgical suites, dialysis unit, a dental clinic, a pharmacy, laboratory and X-ray services, physical therapy services, and health administration offices which includes an office for data and statistics. In addition to these acute care services, the Public Health clinic services are provided either within the same facility as the hospital or in a separate facility on the grounds of the hospital. These central hospitals are located on the island of Weno in Chuuk state, in the municipality of Lelu in Kosrae state, in Kolonia on the island of Pohnpei, and in Colonia on the island of Yap Proper. These hospitals and its services are directly accessible only to residents of the urban (state) centers. For residents who live on the lagoon islands or the outer islands, access is more difficult because of the lack of public transportation between the islands. In addition to these centralized facilities for both medical care and public health services, each of the four states are in the process of decentralizing the system to be able to provide health care services in outlying and remote areas. The State of Chuuk and the State of Yap both have dispensaries in the outer islands as part of the Primary Health Care Division that are served by health assistants. Only the basic of health care

services are available in these sites and consultation with medical personnel at the hospital is necessary for more complicated medical care. The State of Pohnpei and the State of Kosrae are extending services into the communities through the improvement and expansion of community-based dispensaries which are served by medical and health personnel from the public health programs who travel to these out-lying dispensaries either on a daily basis or several times a week to provide services.

Other indicators that have an impact on the health status of the MCH population in the FSM are the level of poverty among the population. In the State of Yap, in the 2000 census, of the 2,030 households, 1,578 reported some cash income with a median household income of approximately $6,484 and a mean household income of $10,344. By region, the median household income was $7,299 in Yap Proper and about $4,242 in the outer islands. During this reporting year, over 50% of the population aged 15 years and over reported receiving cash income. These 3,254 income recipients represented 62% of the 5,174 persons in the working age population. The median individual income for Yap was $3,368 with individual income on Yap Proper higher that income in the outer islands. Out of the total 2,030 households in FSM, 77% (1,578) reported having cash income with an average income of $10,344 and a median income of $6,489. This represents half of a percent (.5%) increase from the 1994 Census. However, there is still a disparity of income level among the Yap proper population and the outer island population. The average household income in Yap proper is $11,462 with a median income of $7,299 where as in the outer islands the average household income is $4,900 with a median income of $4,242. In Chuuk, 6,385 reported having cash income with an average income of $9,627. The median income is $2,778. This level of income is higher for the lagoon island households than the outer island households. Compared this to the 1994 Census for Chuuk, this represents a 5.6% increase. For Pohnpei, there were 5,067 households with cash income. The average income was $11,249 and the median was $6,345. As in all outer islands situation, the income level for the Pohnpei outer island households compared to the households on the main island is three times lower. In Kosrae, 97% (1,059/1,087) of the total households have some kind of cash income. Out of these 1,059 households, the mean household income is $12,407 and the median is $7,528. Compared to the 1994 Census, this represents a 3.8% change or increase in median income. Essentially, the FSM is still the Title V Grantee of this program. Many of the features of its services before are still the same.

The State Title V Agency is in the FSM National Government, which is physically located at Palikir on the island of Pohnpei, six miles away from Kolonia, the center of the state government, and the major commerce and business center of Pohnpei state. The national government, patterned after the U. S. democratic government, has three branches - The Executive Branch, The Judiciary, and the Legislative Branch. The three branches of the government were re-organized in January 1998. This re-organization merged the former Departments of Health, the Department of Education, and the Historic Preservation and Archives Program into a new Department of Health, Education and Social Affairs (HESA).

Other indicators that have an impact on the health status of the MCH population in the FSM are the level of poverty among the population. In the State of Yap, in the 1994 census, of the 1,925 households, 1,426 reported some cash income with a median household income of approximately $6,000 and a mean household income of $8,300. By region, the median household income was $6,700 in Yap Proper and about $3,800 in the outer islands. During this reporting year, about 50% of the population aged 15 years and over reported receiving cash income. These 3,401 income recipients represented half of the 6,754 persons in the working age population. The median individual income for Yap was $3,509 with individual income on Yap Proper higher that income in the outer islands. //2006//

B. AGENCY CAPACITY

//2006// This year there have been several changes at the national and state levels in the leadership of the MCH and CSHCN Programs. At the National level, Mr. Marcus Samo assumed

the position of Assistant Secretary of Health and Mr. Dionis Saimon, Program Manager for Family Health Services and Non-Communicable Diseases section became the new National MCH Coordinator. The MCH Coordinator for Kosrae State accepted a new position as the Chief, Division of Public Health. Currently she is running the MCH Program, on a day-to-day basis, in addition to her oversight responsibility of the other programs at Public Health. The MCH Coordinator position for Kosrae will be advertised soon. The Pohnpei State MCH Coordinator also accepted another position as the Public Health Nurse Supervisor and the CSHCN Coordinator left the CSN program for the immunization program. Currently, two other Public Health Staff have been appointed to take after the programs on a day-to-day basis. Both positions are being advertised and we hope to fill them soon. A replacement MCH Data Clerk was hired early this year in Chuuk after the MCH Data Clerk left the job to go back to school. The National MCH Program is in the process for a recruiting a CSHCN Physician. The position has been advertised and we hope to fill it by the beginning of next fiscal year.

Also this year, the MCH and CSHCN Coordinators attended the PBILC in Saipan, Commonwealth of the Northern Mariana Islands and the MCH Coordinators attended the APNLC in Honolulu. The Third Annual MCH and Special Education Joint Conference was held in Kosrae this year, during which time the staff from both programs come together and discussed ways or areas in which they could collaborate, integrate and partner up in order to improve services for children with special health care needs. Also, during the meeting the results of the CSN Survey and the needs assessment were presented. //2006//

C. ORGANIZATIONAL STRUCTURE

//2006// No Change or additions. //2006//

D. OTHER MCH CAPACITY

//2006// There are 36 positions to be funded under the Title V Program in the FSM as follows; 14 in Chuuk State, 6 in Kosrae, 7 in Pohnpei State, 7 in Yap and 2 at the National Government. The MCH Coordinator for Kosrae State accepted a new position as the Chief, Division of Public Health. The position is currently vacant, however, it will be advertised soon and we hope to fill it during this fiscal year. The Pohnpei State MCH and CSHCN Coordinator positions are also vacated, however, the positions have been advertised and we hope to fill them as well during this fiscal year. The position for the CSHCN Physician has been advertised and we hope to fill it by the beginning of the fiscal year.

A planning and evaluation committee for the MCH Program in the FSM will be created and core members include; the Assistant Secretary for Health, the National MCH Program Coordinator, NCD Epidemiologist, four (4) State Directors of Health Services, four (4) State MCH Coordinators, four (4) State CSHCN Coordinators and the CSHCN Physician. Other collaborating agency representatives are members, however, their membership will be on "as needed" basis. //2006//

E. STATE AGENCY COORDINATION

//2006// No change or additions//2006//

F. HEALTH SYSTEMS CAPACITY INDICATORS

#01:

//2006// The rate for 2004 is 254.8/10,000. All together there were 138 children less than five years old who got hospitalized due to asthma. Total number of children in that age group was 14,391. //2006//

#02:

/***//2006// No Change. //2006//***

#03:
/***//2006// There were 2,259 children (0-18) who were enrolled in the FSM Health Insurance through their parents insurance policies. //2006//***

#04:
/***//2006//During this reporting period (2004), the percentage of women of child-bearing age (15-44 years old) whose observed to expected prenatal visits are great than or equal to 80% on the Kotelchuk Index was 46.3%. There were 629 women with live births in that age group whose observed to expected prenatal visits are great than or equal to 80% on the Kotelchuk Index. The total number of women between 15-44 years old with live birth during the reporting year was 1,603. (denominator). //2006//***

#05:
/***//2006// Not applicable. //2006//***

#06:
/***//2006// Not applicable. //2006//***

#07:
/***//2006// Not applicable. //2006//***

#08:
/***//2006// Not applicable. //2006//***

#09:
/***//2006// No change. //2006//***

#10:
/***//2006// The FSM-Type SLAIT Survey was completed in all four FSM States during the month of February this year. With the Survey, we are able to respond to the 2nd, 3rd, 4th, 5th and 6th National Performance Measures relating to Children with Special Health Care Needs. //2006//***

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

//2006// A CSN Survey was completed in January 2005 and the FSM-wide Needs Assessment Survey was completed during April 2005. (A copy of the repor on the survey is attached)

The purpose of the CSN Survey was twofold: (1) to collect enough information so that the FSM MCH Program would be able to respond to the new five performance measures and (2) that the FSM MCH Program, while conducting the survey, also collects other pertinent information that were not normally collected by its supporting partners such as Special Education Program or Head Start Program to better understand how children were served and how the programs could improve their services.

Totaling eleven pages in length, the questionnaire was designed to contain both open-ended and close-ended questions. The questionnaire was designed to elicit responses toward understanding the demographic characteristics of the children with special health care needs, their functional health status, access to care, coordination of care by their providers and caretakers, how satisfied the caretakers were with the services their children received from providers, the impact of caring for their children on the rest their family, and their ability to pay for services for their children in terms of health insurance.

The specific questions were derived after reviewing what information the FSM MCH Program and its local agency partner (FSM Special Education Program) would need to know in order to improve its services. The CDC SLAITS survey that the MCH Programs in the US states normally conducted on the telephone was reviewed for guidance, but it was felt impractical to conduct it in the FSM because of logistical problems and the fact that access to telephone is limited.

The actual data collection included a face-to-face interview with the parents of the CSHCN where each parent was asked to respond to the questions asked by the interviewer. The interviewers were staff from both the MCH Program and the Special Education Program.

After designing the questionnaire, each of the FSM states had a chance to pilot the questionnaire to test how long it would actually takes to complete it as time was a key consideration. A training was also provided by the FSM MCH National Program to each of the FSM states before conducting the survey to make sure interviewers, who were both the MCH Program staff and the FSM Special Education Program staff, understand what each of the question was meant to ask.

In addition, each parent who concurred to participate in the survey gave a written consent and vouched by the interviewer.

For the bigger FSM states (Chuuk and Pohnpei) it was decided to target at least 30% of each of the FSM states' total number of registered CSHCN while for the small FSM states (Yap and Kosrae), it was decided to target the total number of registered CSHCN.

EpiInfo 2000 was used to enter the data and generate statistical tables. Two data clerks from the FSM Department of HESA both entered the data on two separate PCs and then merged both files for cleaning and analysis.

This survey provides some preliminary information for the Title V Block Grant Agency (the Federated States of Micronesia) to be able to report on the five new performance measures now required. Though the design is different from a random dialing system survey normally used in the U.S. states, the design of the survey was appropriate in the FSM circumstances after considering numerous challenges and barriers.

This survey not only provided the needed information, but it also established a true partnership among the MCH Title V Program staff and the other agencies such as Special Education and Head Start that also serve the same population.

The findings suggest that the users of services provided by the programs not only need to be improved but were not available during the times they needed them.

In April this year, the FSM MCH Program conducted a five-years needs assessment. The purpose of the needs assessment exercise was to assess the progresses made during the past project cycle at the same time assist us to determine what priorities FSM should address during the next five years. The needs assessment activities involved review of the National Performance Measures, National Outcome Measures, Health System Capacity Indicators, State Negotiated Performance Measures and the State Outcome Measures. Workshops were conducted through out the four FSM States to facilitate such review. In depth review of the MCH Data Matrix was conducted in order for us to gauge the progresses made on each of the parameters based on the National Performance Objectives benchmarks.

The group used a "Reaching Consensus Exercise" model, adopted from a prioritizing exercise during the 2005 AMCHP Conference, to come up with a priority list. A listing of the MCH Service areas was also adopted and
used. The format used in deciding on the issues included presentations, whole group work and discussions, small group work and discussions and delineation exercise.

The findings suggest that there remained some deficiencies for each of the population groups and for the appropriate level of service within the MCH Program in the FSM. Although there may be varying fluctuations by state for the corresponding indicators, there has not been any significant improvement since the last needs assessment in 2000. The trends are more or less stabilized when analyzing the data based on a three year running average. //2006//

B. STATE PRIORITIES

//2006// DIRECT HEALTH CARE SERVICES - The MCH Program in the four FSM states continues to provide a large segment of the direct health care and enabling services for the maternal and infant population. The assessment of services for pregnant women for 2004 shows 24.7% of the women received early prenatal care, a slide decline from 2002 and 2003 when 32.4% and 30.8 % received early care respectively. For those women who do initiate care, 28.7% receive adequate care, 39.2% receive intermediate care, and 30.4% receive inadequate care as measured by the Kotelchuk Index of Adequacy of Prenatal Care. The nutritional status of pregnant women has been a problem; however, there is no formal documentation of the problems. Informal surveys of hematocrit levels of pregnant women in Chuuk state show that approximately 50% of the women have low hemoglobin that require treatment. In 2004, 34.7% of the women that were screened had low hemoglobin. There is a need to improve the adequacy of prenatal care by encouraging early prenatal care and continuous prenatal care. Although there may be a small increase in the number of women who received prenatal care, by and large, there is still a great number of pregnant women who did not receive prenatal care. In 2002, less than 29% of all those women who gave birth received prenatal care. Of all these those who received prenatal care only have had adequate prenatal care as determined by the Kotelchuk Index.

Of the infants born in 2004, 6.7% were low birth weight, 0.5% were very low birth weight and 42 infants died for an infant mortality rate of 17.5/1000 which is slightly decline from the 2003 IMR of 22.6/1000, however, running the 3 Years Average, FSM: shows some fluctuation but remain in the same level. 2003 IMR of 22.6/1000, the 2002 IMR of 15.8/1000, and the 2001 IMR of

21.8/1000.

SP#8 - Percent of pregnant women screened for low hemoglobin (maintain)
SP#6 - Percent children identified with developmental problems (New)
SP#7- Comprehensive Health Education in Schools and Communities (New)

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	100.0	100.0	100.0	100.0	NaN
Numerator	1	1	1	1	0
Denominator	1	1	1	1	0
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	5	0

Notes - 2002

These types of newborn screening (phynylketonuria, congenital hypothyrodism, galactosemia, sickle cell disease) are not available in the FSM.

Notes - 2003

N.B.: This is is only a dummy data. Since FSM doesn't do any of these and inserting 0 will creat a non numeric number, which is not allowed by this system, entering this way was necessary. Please ignore data.

Notes - 2004

Not applicable to FSM.

a. Last Year's Accomplishments

//2006// The plan to solicit HRSA's or other expert entitiy for their thoughts on what types screening (metabolic, hearing, vision, etc) that will be conducive to the FSM given its resources did not materialize.

However, these current tests in this performance measure cannot be provided in the FSM due to lack of medical and clinical expertise. We continued to seek assistance but no luck thus far. //2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// The MCH Program staff are working with the Special Education staff to see what assistance they can provide in this endeavor. The Special Education program has a special contract with the University of Guam dealing with Special Needs. Possibly, through University of Guam contacts, we would be able to find someone.//2006//

c. Plan for the Coming Year

//2006// Continue working with the Special Education Program and University of Guam to find experts to conduct these tests. We also plan on contacting other partner agencies to see how they can assist us.//2006//

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				70	80
Annual Indicator	100.0	100.0	100.0	0.0	62.0
Numerator	1	1	150	0	173
Denominator	1	1	150	807	279
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual					

Performance Objective	20	22	25	28	29

Notes - 2002

FSM has not carried out a survey to determine this performance measure. It is planning to conduct a survey next year as part of the Needs Assessment and will include this and the other new Performance Measures. The number is an estimate only.

Notes - 2003

FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.

Notes - 2004

2004 CSHCN survey result; 62% (172 /279). 62% responded "yes" out of 279 family with CSHCN. 62% is the total FSM. Chuuk (20%), Kosrae (10%), Pohnpei (18%) and Yap (13%). Average FSM is equal to 15.5%.

a. Last Year's Accomplishments

//2006// The CSN Survey was completed in January 2005.The purpose of the survey was twofold: (1) to collect enough information so that the FSM MCH Program would be able to respond to the new five performance measures and (2) that the FSM MCH Program, while conducting the survey, also collects other pertinent information that were not normally collected by its supporting partners such as Special Education Program or Head Start Program to better understand how children were served and how the programs could improve their services.The questionnaire was designed to elicit responses toward understanding the demographic characteristics of the children with special health care needs, their functional health status, access to care, coordination of care by their providers and caretakers, how satisfied the caretakers were with the services their children received from providers, the impact of caring for their children on the rest their family, and their ability to pay for services for their children in terms of health insurance.The actual data collection included a face-to-face interview with the parents of the CSHCN where each parent was asked to respond to the questions asked by the interviewer. The interviewers were staff from both the MCH Program and the Special Education Program.For the bigger FSM states (Chuuk and Pohnpei) it was decided to target at least 30% of each of the FSM states' total number of registered CSHCN while for the small FSM states (Yap and Kosrae), it was decided to target the total number of registered CSHCN.This survey provides some preliminary information for the Title V Block Grant Agency (the Federated States of Micronesia) to be able to report on the five new performance measures now required. Though the design is different from a random dialing system survey normally used in the U.S. states, the design of the survey was appropriate in the FSM circumstances after considering numerous challenges and barriers.The findings suggest that the users of services provided by the programs not only need to be improved but were not available during the times they needed them. Based on the survey, FSM's rate is 62.0. //2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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b. Current Activities

//2006// We have been reviewing the CSN survey questionaires to improve the survey. We specifically are looking at the types of questions asked and applicability of the information sought for. We are also looking at the completeness of the surveys completed and other pertinent information that would improve the survey result the next time we conduct it. //2006//

c. Plan for the Coming Year

//2006// FSM will continue to collaborate with Special Education and Eraly Childhood Education Division to update the CSN registry as well as improving services for the children with special needs.//2006//

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				70	70
Annual Indicator	100.0	100.0	100.0	0.0	57.0
Numerator	1	1	1	0	57
Denominator	1	1	1	807	100
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	60	70	80	80	90

Notes - 2002

Data not available since FSM has not carried out a survey. However, all children with special health care needs receive all their medical related services from hospitals and the public health clinics. These hospitals or public health clinics are the medical homes for the children.

Notes - 2003

FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.

Notes - 2004

100 out of 279 responded to the CSHCN survey. 57 out of 100 responded (yes). Chuuk (27%), Kosrae (8%), Pohnpei (17%) and Yap (5%). FSM average 14.25%.

a. Last Year's Accomplishments

//2006//Since the CSN survey in the FSM was completed in January 2005 , we are able to provide the data to answer this NPM. FSM has been reporting in the past and until now that essentially all registered children with special health care needs have a medical home and received coordinated and comprehensive care. Here, the notion of "medical home" for the FSM is basically the hospitals in each of the states.

Last year, there were 704 children with special health care needs known (registered) to the FSM MCH/CSHCN Program. In the FSM, the concept of "medical home" means the hospitals, the dispensaries and the few private clinics that provide well baby check-ups. The question then is referred to what percent of the CSN who received coordinate, ongoing and comprehensive care from the day they enter the health care system until they leave, be it at the public hospitals and dispensaries or at the private clinics?

When asked if they feel that their CSN received coordinated, 14% said their children received coordinated care within the concept of "medical home" while only 11% said their children received ongoing comprehensive care. However, 27% and 17% of Chuuk and Pohnpei respondents respectively stated that their children received coordinated care while 18% and 15% respectively said there was some degree of ongoing comprehensive care provided to their children.

For educational needs, these children with special health care needs who are of school age were served by special education teachers on their respective islands. This was one of the collaborative agreements between the MCH and Special Education Programs where medical cares services are the responsibility of the MCH Program and the educational needs of the children are the responsibility of the Special Education Program. Based on the CSN Survey, on the average, 31% of the respondents said their children received services that would prepare them for successful adult life. Chuuk reported 36%, Pohnpei 43%, Kosrae 23% and Yap 22%.//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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b. Current Activities

//2006// This year was the third year that the MCH Program and Special Education have been coordinating joint workshops to address the issue of children with special needs. This past May, the joint meeting was held in Kosrae State, when the result of the CSN Survey was presented. This year's meeting looked at ways where the MCH and Special Education can integrate, collaborate and be partners in improving services for children with special needs.//2006//

c. Plan for the Coming Year

//2006// Currently, each FSM State has an interagency committee consisting of member representatives for the MCH, Special Education and other stakeholds for children with special needs. The nationa MCH and Special Education are in the pocess of formulating an interagency committee at the national leve. The proposed organizational chart has been completed and has yet to be finalized.//2006//

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				50	15
Annual Indicator	100.0	100.0	100.0	11.2	20.1
Numerator	1	1	1	90	56
Denominator	1	1	1	807	279
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	22	25	30	35	40

Notes - 2003

Because FSM has never carried out the SLAITS, this should be ignored. However, the FSM MCH Program has just recently collected some data on health insurance recently. Therefore, this data is based on what we collected this year.

Notes - 2004

20% (56/279) of the CSHCN survey have private and or public insurance to pay for the services they need. Chuuk (5%), Kosrae (6%), Pohnpei (6%) and Yap (3%). Total FSM CSHCN family have insurance 5%.

a. Last Year's Accomplishments

//2006// Based on data the MCH/CSHCN Program acquired from the only health insurance program-- FSM Health Insurance Program-- in 2004 there werere 2,259 children in the FSM were members in the plan through their parents or primary care takers. This is an increase from the number FSM MCH/CSHCN Program reported in 2003.

It should be understood that the FSM MCH Program was not in any position to negotiated premium coverage for children. //2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
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b. Current Activities

//2006//Because FSM has just completed the CSN Survey, we understand better how the parents feel about the services provided to their children. Also, in the FSM, screening for children with special needs are free however, medication is no longer free and costs are increasing, therefore, the FSM MCH Program is working with the parents to understand the importance of insurance. //2006//

c. Plan for the Coming Year

//2006// The FSM MCH program will work with respective State Department of Health Services to seek for possibility of reduced cost of medication for those Children with Special Needs. The MCH Program would work with other partner agencies, like Special Education for othr mitigating arrangemetns. The FSM MCH Program will also seek from HRSA for possibility of subsidy for services for CSN patients. //2006//

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					
Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**

Annual Performance Objective				50	50
Annual Indicator	100.0	100.0	100.0	100.0	14.0
Numerator	1	1	1	1	38
Denominator	1	1	1	1	272
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	30	35	40	45	50

Notes - 2003

FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

//2006//As there was no single question in the survey that asked this question, there were several proxy variables that respondents were asked to indicate whether or not, in their view, the community based services are organized. From that it was determined that only 17% of those respondents indicated that the community based service system was organized. Again, Chuuk reported the highest score of 40%, followed by Pohnpei at 14%, Yap 8% and Kosrae 7%.//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1.				
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b. Current Activities

//2006// The National MCH Program is in the process of recruiting a full-time CSN Physician. Although the physician is a national employee, we plan to base the physician at the most troublesome state to assist in developing and implementing necessary

activities to ensure coordinated and availability of services at all times.//2006//

c. Plan for the Coming Year

//2006////2006// Currently, each FSM State has an interagency committee consisting of member representatives for the MCH, Special Education and other stakeholds for children with special needs. The nationa MCH and Special Education are in the pocess of formulating an interagency committee at the national leve. The proposed organizational chart has been completed and has yet to be finalized. Also, the National MCH Program is hiring a full-time CSN Physician who would be tasked to handle all aspects of CSN Services to make them more visible and responsive. ***//2006//***

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				40	40
Annual Indicator	100.0	100.0	100.0	100.0	17.0
Numerator	1	1	1	1	44
Denominator	1	1	1	1	259
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	20	25	30	35	40

Notes - 2003

FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

//2006//Answering this question requires knowing how many children (youth) with known special conditions received services from both the MCH Program and Special Education Program. First, we ascertain what percentage of children who receive care from the MCH Program on a regular basis and what percentage of these children receive services from the Special Education Program. Connecting these two types of services is necessary because Special Education Program is the only agency that would provide such services necessary to prepare a youth to transition to adult life. Social services, aside from sports

development, are not available in the FSM.

On the average, 31% of the respondents said their children received services that would prepare their children for successful adult life. Chuuk State reported 36%, Pohnpei reported 43%, Kosrae 23% and Yap 22%.//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
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b. Current Activities

//2006// The Nation MCH Program and the State MCH Programs are working closely with the Special Education Program since the Special Education program is the only agency that would provide such services necessary to prepare a youth to transition to adult life. Thus it is important to know how may youths with know special conditions received services from both the MCh and Special Education programs.//2006//

c. Plan for the Coming Year

//2006// The MCH and CSHCN programs will continue to work with Special Education Program and the CSN Physicians to update the CSN registry; with special noting of the different special conditions of youths. The MCH will assist the Special Education program in their "childfind" program to ensure that all youth with special conditions are accounted for and received services need for transition.//2006//

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance	70	73	75	77	80

Objective					
Annual Indicator	58.4	62.3	71.8	93.2	42.6
Numerator	1716	1885	2165	2705	2478
Denominator	2938	3028	3015	2902	5821
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	50	60	70	80	90

a. Last Year's Accomplishments

//2006// In assessing the status of completed immunizations among the 2 year old children, in the Year 2004, 83.1% were reported to have been fully immunized which is above the targeted objective of 73%. In assessing the three-year running averages, for the period from 2000-2004, 58.4% of the children were fully immunized in 1997-1999, with an increase to 62.3% 1998-00, 71.9% in 1999-01, 73.5% in 2000-02, 77% in 2001-03, and 80.8% in 2002-2004.//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
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b. Current Activities

//2006// The MCH program is working closely with the Immunization program to ensure that all children 2 years old are immunized. The MCH program will assit in providing necessary resources to ensure that the Immunization program increases the number of outreach visits. In Chuuk State, the most populated Island State, the field trip ship broke down and outreach to the outer islands discontinued. This also adds to the low coverage during this reporting period.//2006//

c. Plan for the Coming Year

//2006// The MCH and Immunization Programs will continue to work together to make sure that all children 2 years old are immunized. The well baby clinics at public health may also be increased. Outreach activities will continue to traget those communities

that are isolated and far from the state centers. The MCH and Immunization programs will look for alternative medium of transportation to reactivate outreach services to the outer islands.//2006//

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	22	22	20	20	18
Annual Indicator	26.2	27.3	26.8	19.7	30.9
Numerator	107	106	104	101	118
Denominator	4086	3889	3881	5119	3816
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	40	50	55	60	65

a. Last Year's Accomplishments

//2006// The Annual Performance Indicator for FSM overall for 2004 is 26.6 /1000 females 15-17 years, which is higher than the targeted objective for the year of 18/1000 teens. In assessing the three year running averages for 2000-2004, there is a slight declining trend in the time period 1999-2001, the rate was 29.8/1000 for 1997-99 and decreases to 26/1000 for 1999-01, and then remain steadily 26.6/1000 for 2000-02, 26.7/1000 for 2001-03, and 27.1/1000 for 2002-04. Examination of the year 2004 data for the four states reveal that Pohnpei state recorded the highest rate at 50/1000, followed by Chuuk at 22/1000, and Kosrae 19/1000. One of the reasons for these high rates may be because of the cultural factors where many of the young women in Micronesia at 17 years of age are married and starting their families. Another reason may be because of the stigma of having a child at a young age is not as prevalent as in the mainland US. In Micronesia, where living in extended families is the cultural norm, when infants are born to young mothers, the maternal grandparents and other relatives assist the young mother in raising the child. Despite, these cultural values, it is still common for young women with infants to drop out of school and for this reason, the prevention of teen births will need to continue to be a focus of the MCH Program.//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				

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b. Current Activities

//2006// The National MCH Program in colaboration with the State MCH Programs are continuing their efforts to educate teenagers about safe sex and obstinence. The United Nations Population Fund (UNFPA) had set up a Peer Education and Counseling Center at the College of Micronesia-FSM National Campus and at the three State Campuses of Chuuk, Kosrae and Yap. These centers provide education, counseling and even contraceptives for the school age population. Also, in Pohnpei, with funding assistance from UNFPA, the Secretariat of the Pacific Community (SPC) is implementing a Multi-Purpose center targeting out-of school teenagers. Efforts and resources have been mobilized throughout the four FSM States to combat Teen Pregnancy.//

c. Plan for the Coming Year

//2006// The MCH Program will continue to work with the Title X Family Planning Program and the UNFPA Reproductive Health Project to educate teenagers on gender equity and equality and health risks associated with teen pregnancy. Parents, NGOs and CSOs will also be educated and desensitized. //2006//

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	27	30	32	34	35
Annual Indicator	55.5	42.7	44.4	54.7	59.7
Numerator	1851	1471	1431	1703	1812
Denominator	3337	3442	3221	3112	3036
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual					

Performance Objective	65	70	75	80	85

a. Last Year's Accomplishments

//2006//The Annual Performance Indicator for FSM for 2004 58% which is above the targeted objective for the year. The MCH Programs in the four states have been working in collaboration with the state Dental Services Division for the past several years to achieve this performance measure. In 2004, 58% received dental sealant, an increased from 44.4% in 2002 and 54% in 2003. The 3 Year average shown steadily increase from 32.7% for 1998-00, 41.9% for 1999-01, 47.5% for 2000-2, and 52.1% for 2002-04. In assessing the 2004 data for each state, there is tremendous variability in that Chuuk reported 33% of the third grader children received a dental sealant , 43% in Yap, 58% in Kosrae, and 98% in Pohnpei. The MCH Program has purchased dental sealants and provided them to the dental staff who applied the sealants. In addition, the MCH Program also purchased some portable dental equipment so that dental personnel were able to go into the schools to provide these services. The MCH Program is dependant on the dental staff to provide the services and often the staff is not available. The MCH Coordinators have reported that few school visits were conducted during 2001 because of the lack of time for the dental staff.//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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3.				
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b. Current Activities

//2006// The MCH program continues to work with the Dental Services at the four FSM States to increase the number of third graders receiving protective sealants. The MCH program continues to support salaries of dental assisances at the state level to provide these services. FSM Government, recently awarded some funds through the Children's Oral Healthcare Access Program. The programs will collaborate to enhance outreach activities for dental services.//2006//

c. Plan for the Coming Year

// 2006// The MCH program will continue to request funding assistance to support the dental assistants in the States to boost dental services in the schools. Services will continue to be provided at the main dental health clinic and in schools and communities. The National MCH program, plans to make dental services for children 3-6 years of age compulsory, so every child in that age group must complete their dental care prior to entering grade 1. ***//2006//***

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	6.5	6.5	6.5	6.5	6.5
Annual Indicator	4.3	4.6	2.3	6.9	6.9
Numerator	2	2	1	3	3
Denominator	46089	43172	43172	43172	43693
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	7.5	7.5	8.5	8.5	8.5

a. Last Year's Accomplishments

//2006// The Annual Performance Indicator for FSM for 2004 is 6.9/100,000 children 1-14 years of age which is slightly higher than the targeted objective for the year. In 2004, there were a total of three reported deaths (two in Chuuk and one in Kosrae) to children between 1-14 years of age because of motor vehicle accidents. The 3 Years Average; indicating some increasing from 2.2/100,000 in 2000-02 period, 3/100,000 in the 2001-03 period and 4.6/100,000 in the 2002-2004 period. However, because of the small numbers of events, care must be taken in interpreting the data. There are very few deaths in all age groups due to motor vehicle accidents primarily because of the fact that speeding cars are rare because of the bad conditions of many of the roads in the FSM states. Those areas that are paved and have heavy traffic patterns are generally not in the villages where most of the population are residing and where the children are playing.//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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b. Current Activities

//2006// Most motor vehicle accidents that occur in the FSM were caused by or related to alcohol. The FSM Mental Health and Substance Abuse Section is the lead agency to address this public health problem. The FSM MCH Program continues to collaborate with FSM SAMH Program and Public Safety Departments in the States for in this cause. //2006//

c. Plan for the Coming Year

//2006// The National MCH program will continue to work with FSM Substance Abuse and Mental Health Program to address this problem. Since both FSM SAMH and FSM MCH Programs are within the FSM Department of Health, Education and Social Affairs, both programs will continue to collaborate with Public Safety to improve data collection and other necessary measures to alleviate motor vehicle related deaths in the FSM.//2006//

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	99	99	99	99	99
Annual Indicator	100.0	99.3	97.1	85.6	60.8
Numerator	2422	2460	2441	2145	1434
Denominator	2423	2478	2515	2506	2360
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	70	75	80	85	90

a. Last Year's Accomplishments

//2006//
The Annual Performance Indicator for FSM for 2004 is 93.7% which is below the targeted objective for the year. Three of the four hospitals in the FSM (Chuuk , Pohnpei, and Kosrae) adopted the Baby Friendly Hospital concepts and put forward the policy, and Yap just started. This consistently high percentage of mothers who are discharged from the hospital while breastfeeding is due to the fact that bottle formula are not allowed in

any of the hospitals in the FSM unless ordered by the physician for medical reasons; all mothers are encouraged and supported to breastfeed their infants while in the hospital; and mothers are not discharged from the hospital until the infant is breastfeeding with no difficulties.
States 1999 2000 2001 2002 2003 2004
Chuuk 100 100 100 100 100 100
Kosrae 100 99 100 99 99 99
Pohnpei 100 100 100 100 100 100
Yap 100 100 92.9 74 37 76
FSM 100 100 99.3 93.2 84 93.7
3 Years Average FSM 99.7 97.5 99.2 90.3
//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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b. Current Activities

//2006// Chuuk is under training for baby friendly hospital initiative. Kosrae will follow Chuuk and then Yap. Kosrae is making her second trial after failing the first assessment. Pohnepi State is the only state that has passed the external assessment based on WHO guidelines.//2006//

c. Plan for the Coming Year

//2006// The FSM MCH Program in collaboration with the National and State Nutrition Programs will work close with Chuuk, Kosrae and Yap States so they pass the external assessment. Training on the Itegrated Management of Childhood Illness (IMCI) program will also begin next year.//2006//

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					
Annual Objective and	**2000**	**2001**	**2002**	**2003**	**2004**

Performance Data					
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	20	20	20

Notes - 2002

Not applicable.

Notes - 2004

Not applicable.

a. Last Year's Accomplishments

//2006// Not Applicable. //2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// Not Applicable for FSM. //2006//

c. Plan for the Coming Year

//2006// Not Applicable for FSM. //2006//

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	10	10
Annual Indicator	0.0	0.0	0.0	80.7	89.2
Numerator	0	0	0	41483	32306
Denominator	54401	49645	48477	51386	36215
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	10	15	15	20	25

a. Last Year's Accomplishments

//2006// The Annual Performance Indicator for FSM for 2004 is 59.4% average of children without health insurance. Chuuk estimated that 100% of the 27,426 children do not have health insurance, followed by Yap (94%) 4880 out of the 5168 children, and both Pohnpei and Kosrae reported 0, the interpretation of the data are both based on English and local interpretation. Yap and Chuuk follow the English way of answering while Kosrae and Pohnpei based their answers on the local way of answering. Although, the answer is 0, it means 100%. Therefore, the true answer in average is 98.5% of children do not have insurance. FSM is unique in that the State Government provided all medical and health care services through the State Hospitals and the Public Health Division.

The only health insurance program that is available to the population in the FSM is for employees of the National and State governments and their families. In 2004, there were 2,259 children with insurance through their parents' insurance policies. It is estimated that in 2006 more children will have insurance, because of the demands for quality of services and with payment. //2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				

7.				
8.				
9.				
10.				

b. Current Activities

//2006// FSM is unique in that the State Government provided all medical and health care services through the State Hospitals and the Public Health Division.

The only health insurance program that is available to the population in the FSM is for employees of the National and State governments and their families. In 2004, there were 2,259 children with insurance through their parents' insurance policies. It is estimated that in 2006 more children will have insurance, because of the demands for quality of services and with payment. The National and State MCH Programs are campaigning for more government employees to enroll in the Insurance Plan so their children may be insured. //2006//

c. Plan for the Coming Year

//2006// The FSM MCH Program will continue to encourage for more children to get insured. In so doing, the MCH program staff will include the issue of insurance in their presentations at both clinic and community activities. The goal would be to further increase the number recorded for 2004, which is 2,259.//2006//

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0

Notes - 2002

Not applicable

Notes - 2003

Not applicable -- FSM is not eligible for Medicaid and Medicare

Notes - 2004

Not applicable - FSM is not eligible for medicaid and medicare.

a. Last Year's Accomplishments

//2006// Not Applicable in FSM. //2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// Not Applicable in FSM. //2006//

c. Plan for the Coming Year

//2006// Not Applicable in FSM. //2006//

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	0.8	0.8	0.7
Annual Indicator	0.4	0.5	0.6	3.5	0.5
Numerator	9	12	15	88	11
Denominator	2423	2478	2515	2516	2415
Is the Data Provisional or				Provisional	Provisional

Final?					
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0.7	0.7	0.6	0.6	0.6

a. Last Year's Accomplishments

//2006// The Annual Performance Indicator for FSM for 2004 is 0.5%, which has exceeded the targeted objective for the year. During 2004, of the 2415 women who delivered a live baby, there were 11 live born infants with very low birth weight of less than 1500 grams. Although the VLBW indicator for the FSM has been met based on the Year 2010 Objective of 0.9%, FSM should continue its efforts and pay more attention to the nutritional aspects, especially at prenatal period. This number is still represents a high in the number of infant with very low birth weight and in light of the fact that overall 29% of the pregnant women in the FSM in 2004 initiated care in the first trimester and approximately 46% of women received less than the 80% of the required prenatal case based on the Kutelchuk Index of Adequacy of Prenatal. Based on this data, the MCH Programs in the four states are planning activities to bring women in earlier for prenatal care and to assure that continuous prenatal care is provided.//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// As part of the on-going FSM MCH Program services, we conduct or provide prenatal care services, nutrition education and counseling and multiVatimins for pregnant women and children. //2006//

c. Plan for the Coming Year

//2006// We will try to improve early prenatal care visits, especially during first trimester, constant and aggressive follow-up on clients who missed appointments and timely referal of pregnant mothers to physicians.//2006//

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	30	30	30	25	25
Annual Indicator	21.7	30.2	15.1	45.3	22.5
Numerator	3	4	2	6	3
Denominator	13853	13237	13237	13237	13357
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	25	15	15	15	15

a. Last Year's Accomplishments

//2006// The Annual Performance Indicator for FSM for 2004 is 63.5/100,000 youths 15-19 years of age is higher than the target objective for the year. This rate is based on officially reported deaths in the four FSM states among the projected estimate of 13,523 youths in the age group for the Year 2004. Yap State reported 3 teen suicide deaths during the year. Kosrae State reported one teen suicide death. Chuuk and Pohnpei reported none or (0). In examining the data for 2002 to 2004, the FSM average indicates slight increase. The individual states indicate high in the smaller states (Kosrae and Yap) and low in the bigger states (Chuuk and Pohnpei). This may not be truth because Chuuk has been the more problems in general suicide. Many suicide cases oftentimes are classified as accident, especially those that happened at home with handguns and shotguns. The doctor who estimated the causes of deaths either classified under, "Unknown" or followed the report from the family members, because it is shameful and embarrassing on the part of the family or clan. It is also the fact that approximately 60 percent of deaths have been registered in the FSM for the past 15 years. Many of these suicide deaths occur in the outer islands and in the remote villages are not reported. Again, suicide is felt that a death due to suicide is not culturally acceptable so that many of these deaths are either not reported or the death is attributed to other causes. In running the 3 years average, it is increasing and with the fact of under reporting, it is significant. MCH will continue working with the Women and Youth officers at both the national and state levels and various local, state and national leaderships to deal with this issue. //2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				

4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// Current activities include continue collaborating with church groups, community groups, academic institutions for training on violence prevention, partnering with Micronesia Seminar in its awareness activities on suicide and workshops at COM-FSM and State Campuses.//2006//

c. Plan for the Coming Year

//2006// The FSM MCH Program will continue working with the Women and Youth officers at both the national and state levels and various local, state and national leaderships to deal with this issue.//2006//

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0

Notes - 2002

There are no facilities for high-risk pregnancy or neonate. This is not applicable for the FSM.

Notes - 2003

FSM does not have any facilities classified as high risk medical facilities.

Notes - 2004

This is not applicable for the FSM.

a. Last Year's Accomplishments

//2006// Not Applicable in FSM.//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// Not Applicable in the FSM.//2006//

c. Plan for the Coming Year

//2006// Not Applicable in the FSM.//2006//

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	15	17	19	20	22
Annual Indicator	22.7	32.1	28.7	31.1	20.1
Numerator	549	795	723	780	486
Denominator	2423	2478	2515	2506	2415
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**

Annual Performance Objective	23	28	30	31	32

a. Last Year's Accomplishments

//2006// The Annual Performance Indicator for FSM for 2004 24.7%, which exceeds the targeted objective for the year. This represents a significant increase from 1999 and 2000 when 9.7% women respectively were reported to have received early prenatal care. The running three-year average for the period from 1998-00 shows 21.4% of the women received early prenatal care; whereas the three year average for 1999-01 shows that 21.5% received early care and 29.1% in the 2000-02, 31.7% in 2001-03, and 29.3% in 2002-04 period. In assessing the percentage of early prenatal care rates in the four states in 2004, Kosrae State recorded the highest percentage with 41% (68/168) of the women receiving early prenatal care; Yap State reported 22% (50/225), and Chuuk and Pohnpei both reported 18% (200/1096) and (168/926) pregnant women getting early. Women receiving late prenatal care have been a major problem for many years in the FSM and the increasing trend in the proportion of women receiving early prenatal care is encouraging.//2006//

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// Women receiving late prenatal care have been a major problem for many years in the FSM and the increasing trend in the proportion of women receiving early prenatal care is encouraging. We are continuing our efforts to increase the number of women who come in early for prenatal care, especially during the first trimester visit, by providing prenatal outreach services in the remote villages and islands, increasing number of days for prenatal clinic, aggresssively following up on those initiating prenatal care and initiate early referal to physicians especially for those pregnancies known to be at risk. Other important services are also provide during first prental visit, such as screeing for cervical cancer via pap smear, anemia, hepatitis B and STD. //2006//

c. Plan for the Coming Year

//2006// We will continuing our efforts to have more women come in early for prenatal care, especially during the first trimester visit. The MCH Staff will increase prenatal outreach services in the remote villages and islands, increasing the number of days and

lengthen time for prenatal clinic, aggresssively follow up on those initiating prenatal care and initiate early referal to physicians especially for those pregnancies known to be at risk. The MCH Program will continue encouraging services such as screeing for cervical cancer via pap smear, anemia, hepatitis B and STD during the first prental visit.//2006//

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *The percent of women receiving services in the MCH Programs who receive a Pap smear.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	50	53	55	58	40
Annual Indicator	29.5	38.3	22.6	27.7	27.3
Numerator	912	1237	558	823	790
Denominator	3091	3227	2471	2975	2893
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	30	35	40	45	50

a. Last Year's Accomplishments

//2006// During the Year 2004, a total of 2,893 women received services in the MCH Programs (prenatal, post-partum, and family planning) of which 790 (27.3%) received a Pap smear. In assessing the data from the four states for the Year 2004, the State of Chuuk provided Pap smear screening for 10% (100 of the 954 women) of the women; in Kosrae, 521 of 647 (80.5%) women were screened with a Pap smear; in Pohnpei 20 out of 968 women (2.1%) and in Yap 149 out of 324 (46%) of the women received Pap smears. More important is assessing the proportion of the screened women with positive Pap smear screening results. In the year 2004, 2% of the 100 women in Chuuk and 19% of the 149 women screen in Yap had positive screen; whereas in Kosrae and 0% of the women in Pohnpei were screened positive. Women with positive Pap smears are referred to the medical staff at the state hospital for intervention and treatment. Fewer women received pap smear (34.4%) in 2004 compared to in 2001 (45.5%). Of those received pap smear 5.3% were positive, a decrease from 2001, which was 8.6%. Neonatal mortality increased in 2004 at the rate of 14.7/1000 as compared to 9.7/1000 in 2001.//2006//

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service

	DHC	ES	PBS	IB
1. Providing Pap Smears during prenatal care	X			
2. Secure training for staff new staff and provide refresher courses for old staff to be able to provide pap smear in the FSm States		X		
3. Purshase and disseminate enough supplies on a timely basis		X		
4. Coordinate with Airline for shipment of pap smear	X			
5. Coordinate with Off-Island lab for confirmation of pap tests	X			
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// All women in the FSM are required to take a pap test during the first prenatal visit and we are continuing the practice, continuing refresher training course at state level and cross training at Public Health so other nurses can obtrain pap tests, purchasing pap test kits and other supplies need to conduct pap smear in the clinic, and coodinating pap reading with off-island lab.//2006//

c. Plan for the Coming Year

//20006// During the past year, the State MCH programs experienced some difficulty in shipping pap smear tests due to Airline strict regulations. The National MCH Progam assisted and the problem is remedied for most of the states. We will continue to help the States to ensure that paps are taken at all times and shipped out for confirmation. The National MCH Program will continue to support training programs both in country and off-island so more staff can do pap smear screening.***//2006//***

State Performance Measure 2: *Percent of pregnant women who have been screened for Hepatitis B surface antigen.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	60	62	64	66	68
Annual Indicator	57.5	91.3	53.5	76.0	72.4
Numerator	1593	2409	1347	2055	1624
Denominator	2771	2639	2519	2703	2244
Is the Data Provisional or Final?				Provisional	Provisional

	2005	2006	2007	2008	2009
Annual Performance Objective	75	80	80	85	85

a. Last Year's Accomplishments

//2006// The nutritional status of pregnant women is a critical factor in determining the health of the pregnancy, therefore, there was an attempt to obtain data related to nutrition and pregnancy. All four states reported that all women who attend prenatal care clinics do receive nutrition education services, however, there were no protocols or procedures for nutrition education so the quality of the education depended on the nurse and there was no consistency or quality assurance. The determination of the hematocrit level is one of the routine services that should be provided at the first prenatal visit. However, the MCH Coordinators reported that this service is not consistently provided and sometimes is not done because of lack of supplies. For those women who have low hemoglobin, iron supplements are provided, however, there is no monitoring of whether these women are taking the supplements and a repeat follow-up hematocrit is not performed until the women is in the labor room. Of the 2,244 women who received prenatal care, 93.9% were screened for low hemoglobin and out of those screened 34.7% were diagnosed with anemia. This reflects a 4.9% increase from 2001, which is 29.8%. Also, 80.1% of pregnant women were screened for hepatitis B and 5.4% were positive, a decrease from 2001, which is 6.2%. //2006//

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase outreach activity to increase number of women screened			X	
2. Work with National Immunization Program to supplement reagents for Hepatitis testing				X
3. Screen women at public health clinic and outlying dispensaries	X			
4. Aggressively follow through on clients	X		X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// The MCH program in collaboration with other programs, such as Women Health Week, are providing more awareness activities to encourage and increase more women to get screened, work with the Immunization program to ensure that supplies for testing are available, continue doing testing during prenatal care and follow through on those identified as positive.//2006//

c. Plan for the Coming Year

//2006// The MCH program will continue collaboration with other programs, such as Women Health Week, to providing more awareness activities to encourage and increase

more women to come for screening, work with the Immunization program to ensure that supplies for testing are purchased and available at the clinics, and will continue doing testing during prenatal care and follow through on those identified as positive.//2006//

State Performance Measure 3: *Percent of infants who are exclusively breast fed at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	38	40	66	68	70
Annual Indicator	57.6	66.6	64.7	64.5	63.7
Numerator	539	687	668	727	1107
Denominator	935	1031	1033	1127	1738
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	65	70	75	75	80

a. Last Year's Accomplishments

//2006// The FSM has adopted the WHO policy of assuring that infants are exclusively breastfeeding for the first six months of life and that solid foods are introduced at six months with the continuation of breastfeeding until one year of age. Because of this policy, mothers who deliver a live born are encouraged and supported to breastfeed while in the hospital and mothers are not discharged until the infant is breastfeeding well. For those medical situations where the infant is unable to breastfeed, formula is provided only with a physician's recommendation and prescription. Therefore, in 2004, in the four FSM states, 93.7% of the infants who are discharged from the hospital are exclusively breastfeeding. However, by one-month age there appears to be a decline in the number of exclusively breastfed infants and by six months of age, only 56% of the infants
are exclusively breastfeeding. Data collected at the Well Baby Clinics in Yap state show that at one month age 132 infants are breastfeeding with 5 being supplemented with the juice from young coconuts or water. At 2 months of age 16 infants are exclusively breastfeeding and the number of infants being supplemented with water has remained the same. So, in Yap state, by 6 months of age only 5 infants are exclusively breastfeeding and 8 are being supplemented, 2 are being given formula during the first two months after discharge and 1 is being given formula and solid foods at six months.//2006//

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue providing financial support for local breastfeeding groups to train new mothers on proper breastfeeding techniques				X
2. Provide counseling and training on breastfeeding during prenatal and postpartum clinic at public health main clinic and outlying dispensaries	X			
3. Develop phamplets and radio programs on importance of breastfeeding			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// The State MCH program staff in the four states are providing advice and counseling during prenatal care and postpartum clinics on breastfeeding practices. Some of the States in the FSM have breastfeeding support groups who are providing support to those mothers who are just discharged, especially, teen mothers on breastfeeding. Pohnpei state has passed an external assessment of baby friendly hospital, while Chuuk, Kosrae and Yap are working on passing the assessment. This initiative initiative along with the women breastfeeding support group has contributed to positive outcomes of this measure.//2006//

c. Plan for the Coming Year

//2006// The State MCH program staff in the four states will providing advice and counseling during prenatal care and postpartum clinics on breastfeeding practices. Those States that have breastfeeding support groups will try to maintain and increase members of the group. The current initiatives in Chuuk, Kosrae and Yap, with the IMCI training scheduled for next year will also contribute to the success of breastfeeding.//2006//

State Performance Measure 4: *Percent of pregnant women who receive at least one nutrition education and counseling session (defined as covering the following topics: diet recall, importance of three meals, balanced diets, exercise) as early as possible during their pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004

Annual Performance Objective	97	97	97	98	98
Annual Indicator	100.0	97.1	98.8	98.3	100.0
Numerator	2567	2562	2489	2657	2244
Denominator	2567	2639	2519	2703	2244
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	98	98	99	99	100

a. Last Year's Accomplishments

//2006// State Negotiated Performance Measure SP#4 - Percent of pregnant women who receive at least one nutrition education and counseling session (defined as covering the following topics: diet recall, importance of three meals, balanced diets, exercise) as early as possible during their pregnancy. Annual Performance Objective for 2004= 98 The Annual Performance Indicator for FSM for 2004 is 97.8% which has met the targeted objective for the year. During 2004 the four states reported that of the 2,244 women who received prenatal care, 2,227 received nutrition education and counseling services. These services are usually provided during the first visit at the clinic no matter what month of pregnancy the women receives care. Nutritional problems among pregnant women continues to be a problem as evidenced by the increasing number of pregnant women with anemia. Nutritional education will remain a high priority for the MCH Program and will continue to be provided in all prenatal care clinics.//2006//

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Provide nutrition education and counseling during prenatal and postpartum clinics	**X**			
2. Monitor nutrition education and counseling practices for greater impact				**X**
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// Continue providing education counseling to pregnant mothers at prenatal and

postpartun clinics.//2006//

c. Plan for the Coming Year

//2006// Will continue providing nutrition education and counseling for pregnant mothers during prenatal and postpartum clinics and assess training and counseling practices and update.//2006//

State Performance Measure 5: *Percent of caretakers of infants who receive education and counseling related to feeding and nutrition of infants.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	97	97	97	98	98
Annual Indicator	100.0	96.9	93.8	99.7	100.0
Numerator	1770	2900	2400	2469	2921
Denominator	1770	2992	2558	2476	2921
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	99	99.7	99.8	99.9	100

a. Last Year's Accomplishments

//2006// The Annual Performance Indicator for FSM for 2004 is 100%, which has met the targeted objective for the year. During 2004 of the 2,921 caretakers who attended well baby clinics 2,921 are reported to have received education and counseling related to feeding and nutrition of infants. Nutrition problems are still prevalent among many infants and children in the Federated States of Micronesia. Children continue to be admitted to the hospital with dehydration and malnutrition; children continue to be identified with the complications of Vitamin A deficiency; and children continue to fail to thrive. In order to make an impact on these preventable nutritional problems, nutrition education will continue to be a major component of the well baby care services. FSM target for this performance was 98%. We were able to achieve only 91.7% in 2004.//2006//

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide direct counseling to care takers who bring babies to WBC	X			

2. Provide direct counseling to care takers during outreach visits	X		X	
3. Assess education and counseling materials to include updated practices to improve impact				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// Providing direct education and counseling to caretakers who bring babies to well baby clinic and radio programs.//2006//

c. Plan for the Coming Year

//2006// Will continue direct education and counseling to caretakers at the clinic and at home. Nutrition materials will also be developed and disseminated in local stores and other public areas.//2006//

State Performance Measure 8: *Percent pregnant women attending prenatal care who are screened for low hemoglobin.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	35	95	95	96	96
Annual Indicator	94.5	92.8	96.2	97.8	89.6
Numerator	2618	2448	2423	2480	2011
Denominator	2771	2639	2519	2537	2244
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	90	90	95	95	100

a. Last Year's Accomplishments

//2006// For the Year 2004, overall 93.9% of the women in the four state prenatal clinics were screened for anemia which is a slight decline from 98.7% of the women in the year 2003.//2006//

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Screen all women coming for prenatal care	X			
2. Determine hematocrit levle	X			
3. Purchase reagents		X		
4. Screen and provide counseling to those at risk in the outlying communities			X	
5. Purchase Vitamin A supplements	X			
6. Provide Vitamin A supplements	X			
7.				
8.				
9.				
10.				

b. Current Activities

//2006// Screening for low hemoglobin is an on-going activity of the MCH Program during prenatal care. All women who come in for prenatal service is screened for anemia.//2006//

c. Plan for the Coming Year

//2006// All women who come in for prenatal will be screened for low hemoglobin. We are sure that there are more women out there who are not in our registry. We will increase outreach so more women can come in for prenatal so they can be screened as well.//

State Performance Measure 9: *Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	25	27	0	20	20
Annual Indicator	100.0	84.8	34.9	37.4	10.2
Numerator	611	1562	525	500	224
Denominator	611	1842	1506	1337	2198
Is the Data Provisional or Final?				Provisional	Provisional

	2005	2006	2007	2008	2009
Annual Performance Objective	15	20	20	20	25

a. Last Year's Accomplishments

//2006// The Annual Performance objective for FSM for 2004 is 7.5% in average. It is below the target objective. Most of the FSM States have difficulties with supplies and in coordinating with Dental clinics on proper recording and reporting on this performance objective. Pohnpei and Kosrae did not collect the data and not reporting for this year report and 2003. The collecting of data continues to be a problem in all of the four states coupled with the fact that some of the states were depleted of their supply of fluoride supplement during the year.

During the 2005 MCH Need Assessment Survey, a list of MCH Needs ranked and the problem of Dental Caries was ranked the 3rd priority for FSM. The evidence of the dental caries was cleared and with strong recommendation by the stakeholders. Therefore, prior years obstacles need to be resolved with the supports of the stakeholders and or the women NGOs, for example: the question and issue on the inconsistency and in-compliance of actually taking the supplement, the lack of education on overall oral hygiene, the effectiveness of this activity and the impact of the program in preventing dental caries at the community levels. The MCH Program will continue collaborate and partner with Dental Health programs to develop a more basic and comprehensive oral hygiene education program with the application of fluoride varnish starting in the Well Baby Clinics and extending to the Well Child Clinics and the schools. Policy direction to review dental reports and to be provide to the MCH program by month or quarterly to measure the dental caries program activities and share data with appropriate leaderships.//2006//

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Purchase flouride and iron supplements		X		
2. Provide flouride and iron supplements	X			
3. Ensure that everyone with marginal health status in outlying communities receive flouride and iron supplements				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// Some FSM States still have difficulties with supplies and in coordinating with Dental clinics on proper recording and reporting on this performance objective. The collecting of data continues to be a problem in all of the four states coupled with the fact that some of the states were depleted of their supply of fluoride supplement during the

year. We are working hard to remedy the situation and activities are on-going.//2006//

c. Plan for the Coming Year

//2006// The MCH Program will continue collaborate and partner with Dental Health programs to develop a more basic and comprehensive oral hygiene education program with the application of fluoride varnish starting in the Well Baby Clinics and extending to the Well Child Clinics and the schools. Policy direction to review dental reports and to be provide to the MCH program by month or quarterly to measure the dental caries program activities and share data with appropriate leaderships. The National Program will work with the State Dental progrms to ensure that no stock outs in the coming years.//2006//

State Performance Measure 10: *Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	20	22	64	64	65
Annual Indicator	55.0	63.9	65.1	59.4	54.0
Numerator	366	434	518	479	519
Denominator	666	679	796	807	962
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	60	65	70	70	75

a. Last Year's Accomplishments

//2006// The Annual Performance Indicator for FSM for 2004 is 53.7%, which is lower than the target objective of 65% . For the past three years of 2002-2004, shown above an increase based on the 3 Years Average; 2000-02 with 40.6%, increased to 48.9% for 2001-03, and further increased for the 2002-2004. Of the 704 children registered in the CSHN data base for the four states, 519 were identified as having received a re-evaluation within the last 12 months. Because of the high level of performance for the past three years, the performance objective for the years to come, 2005 and 2006 will need to increase to meet the target objective.//2006//

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service

	DHC	ES	PBS	IB
1. Maintain program as focal provider of services for CSN				X
2. Continue to coordiante care with off-island specialist to ensure continuity of specialized services		X		
3. Through collaboration with the states' interagency groups assess physical development of the child and refer the child if need to.	X			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2006// continue to be the focal program for services, coordinate care with outside specialists, assist in the assessment of physical devlopment of children and their referral.//2006//

c. Plan for the Coming Year

//2006// Will continue to serve as focal program and work closely with the interagency group for assessment and referral of children. Will continue to coordinate care with off-island specialist to ensure services are provided.//2006//

E. OTHER PROGRAM ACTIVITIES

//2006// The FSM MCH Program Activities are also supported by the Title X Family Planning Program, particularly in the provision of prenatal care services, at the Public Health Clinic and outreach program. The United Nations Population Fund (UNFPA) Reproductive Health Program compliments both the Title X Family Planning and the Title V MCH Program in the FSM by supporting services for pregnant mothers, all women of child bearing age (CBA), adolescents, especially young women and training of service providers. The UNFPA initiative in the FSM has contributed to the development of the Peer Education and Counseling Centers at the College of Micronesia-FSM National Campus and State Campuses of Chuuk, Kosrae and Yap, targeting in-school youths, development of the Adolescent Reproductive Health Project, currently being pilot tested in Pohnpei State, from which the ARH Multi-Purpose Center was established, which targets out-of school youths. All of these centers' activities are aimed at increasing awareness on both health and social problems effecting the youths in the pacific, especially FSM.

The National Women's Health Week Celebrations are held evey year. This program supports the MCH Program Objectives by fostering positive attitudes for women. Essenstials of early prenatal care services were discussed, such as exclusive breastfeeding, screening for breast and cervical cancer with a pap smear, iron deficiency anemia, STIs, food taboos, which has positive corelation with iron deficiency anemia, and importance of healh insurance for children.

UNFPA also funds the POP-GIS, a graphic information system, aimed at improving data management and translation for the FSM. //2006//

F. TECHNICAL ASSISTANCE

//2006// No Change.//2006//

V. BUDGET NARRATIVE

A. EXPENDITURES

//2006// The discrepency in form 3,4 and 5 is due to the fact that in filling out these forms, FSM MCH program based its expenditures on what was actually awarded for that year. The budget columns were what FSM proposed for that year. The expended columns were what FSM was awarded. As can be seen, the total amount in the budget columns is exceed the amounts in the expended columns because FSM MCH Program only reported on what is spend out of the actual award.//2006//

B. BUDGET

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2006
As documented in the Statement of Assurances in Section III, REQUIREMENTS FOR APPLICATION, the Federated States of Micronesia assures the Secretary of DHHS that no more than 10% of funds will be used for administrative costs of each program component. The FSM further assures the Secretary that it defines these administrative costs as the salary for the MCH Assistant Program Coordinator, fringe benefits, travel for the Assistant Program Coordinator and the National MCH Program Manager and expendable supplies to support the administration of the program at the FSM National Government.
PERSONNEL $14,610
A total of $14,610 is budgeted for personnel cost and includes provision of within grade increase for the MCH Assistant Program Coordinator currently funded by MCH funds.
FRINGE BENEFITS $1,315
A total of $1,315 has been set aside for fringe benefits which cover social security, insurance and other benefits due the staff. Fringe benefits are based at 9.0% of the total base salary.
TRAVEL $19,000
Portion of the funds will enable MCH coordinator to conduct on site program and financial monitoring in the four (4) FSM states. The balance will fund the National MCH Program Manager and Assistant Coordinator to attend the MCH Block Grant Application review in Honolulu, Partnership Meeting in Washington D.C., and Pacific Islands MCH Coordinators Meeting in Honolulu, Hawaii.
EQUIPMENT $0
No equipment funds requested in FY-06.
SUPPLIES AND MATERIALS (EXPENDABLE) $5,000
This amount is to purchase supplies and materials necessary to maintain the administrative operation of the program at the National level.
CONTRACTUAL $800
$800 is requested to cover costs of maintenance and repair of equipments such as vehicle, copying machines, typewriters, computers, etc.
OTHER $ 6,000
$4,000 will cover communication expenses, $500 printing and reproduction, $1,000 FSM AMCHP membership fee and $500 for freight.
TOTAL: $ 46,725
PREGNANT WOMEN, MOTHERS & INFANTS
BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2006
PERSONNEL $125,406
The sum of $125,406 has been budgeted to support the salaries of the component staff at the four (4) States of Kosrae, Chuuk, Pohnpei and Yap.
FRINGE BENEFITS $7,479
Fringe benefits of 6.0% of the base salary is set aside to cover social security, insurance and other benefit due the staff. Kosrae fringe benefit rate of 8.0%, Pohnpei at 6.0%, Chuuk at 5.0% and 6.0% for FSM National Government.
TRAVEL $21,110
This amount will cover intra-island and off-island travels by component staff relating to MCH and Family Planning conferences, workshops or trainings.

SUPPLIES $7,550
This amount is to purchase both office, medical, and dental supplies for the four (4) States of Chuuk, Kosrae, Pohnpei and Yap.
EQUIPMENT $4,580
This amount is requested to purchase CTG machine for pregnant women in labor room.
CONTRACTUAL SERVICES $13,030
This amount requested is for a contract with the Clinical Laboratory of Hawaii in Honolulu to read pap smear for the four (4) FSM states.
OTHER $ 4,050
This amount requested for FY-2006 is to cover the cost of printing and reproducing MCH educational materials, correspondence, reports; communication (telephone, FAX,); freight and petroleum, oil and lubricant (POL)
TOTAL: $ 183,205
CHILDREN & ADOLESCENTS
BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2006
PERSONNEL $125,407
This amount requested will support the salaries of the component staff in each of the four (4) FSM states.
FRINGE BENEFITS $7,479
Fringe benefits are based on 6.0% of the total base salary set aside for social security and other benefits due the staff.
TRAVEL $21,111
This amount requested is budgeted for intra-island and off-island travels for the Four (4) FSM states.
EQUIPMENT $3,000
This amount is requested to purchase lab-top computer for outreach clinic.
SUPPLIES $7,550
This amount is to purchase office and medical supplies for the MCH and Dental Program in the four (4) States of Chuuk, Kosrae, Pohnpei and Yap.
CONTRACTUAL SERVICES: $7,540
A total amount requested is to support breastfeeding support group.
OTHER $6,050
A total of $6,050 is requested to accommodate the costs of printing and reproduction, communication, freight, fuel, oil and lubricant for Chuuk, Kosrae, Pohnpei and Yap.
TOTAL: $179,137
CHILDREN WITH SPECIAL HEALTH CARE NEEDS
BUDGET NARRATIVE JUSTIFICATION
Fiscal Year 2006
PERSONNEL: 71,036
$71,036 will continue support the salaries of Chuuk MCH Coordinator, CSHCN Coordinators for Pohnpei and Kosrae, Federal Program Coordinator and a CSHCN Physician.
FRINGE BENEFITS: $4,262
This amount covers the Social Security, insurance and other benefits due the staff, and is based on an average 6.0% of the total base salary.
TRAVEL:$50,000
$50,000 will support off-island travel cost for the following program activities: 1) National MCH Program Manager, state MCH/CSHCN Coordinator, and parents representative to attend the Pacific Basin Interagency Leadership Conference (PBILC); 2) To continue fund travel of the pediatric consultancy services in the FSM states and 3) National MCH Program Manager to attend the Annual Maternal Child Health Program (AMCHP) Meeting in Washington D.C. The differences will be used for the CSHCN Physician to travel to the four (4) FSM states.
EQUIPMENT: $0
No Equipment requested in FY-06.
SUPPLIES: $35,500
$35,500 is requested to purchase medical supplies such as long acting Bicilline, Multi-Vitamin, Flouride Varnish and Albendazole for the FSM states.
CONTRACTUAL SERVICES: $13,700

$7,500 will support professional service fee of Pediatric Cardiologist. The differences will support Kosrae Interagency Allowance and Disability Week activities in FY-06.
OTHER: $12,500
The sum of $12,500 is for printing and reproduction, communication, freight, repair services and will divided among the four (4) FSM states depending on proposal submitted to the National Government.

TOTAL: $186,998
BUDGET NARRATIVE JUSTIFICATION
Fiscal Year 2006
State of Chuuk
PERSONNEL: $88,572
$77,196 is to continue support the salaries eleven (11) MCH staff. The differences of $11,376 will fund the salary of the CSHCN Coordinator.
FRINGE BENEFITS: $4,429
Fringe benefits of 5% of the base salary is set aside for social security, insurance and other benefits due the staff.
TRAVEL: $12,116
$2,000 is requested for intra-island travel. $10,116 to support the MCH coordinator or staff to attend the off-island related conference, workshop or training. These meetings includes, FP/MCH Conference Majuro, Regional MCH Coordinator Conference Honolulu, and APNLC.
EQUIPMENT: $0
No equipment requested in FY-06.
SUPPLIES: $4,500
a) Medical and Dental Supplies $4,000
$3,000 will purchase medical supplies. $1,000 will support the dental program.
b) Office supplies (Expendable) $500
This will purchase office supplies for the MCH clinic in the center and in the communities.
CONTRACTUAL SERVICES: $5,000
$5,000 will continue contracted Clinical Laboratories in Hawaii to read pap smears.
OTHER: $3,500
a) Printing and Reproduction $500; A sum of $400 is requested for printing and reproducing forms and Informational & Educational (IEC) materials.
b) Communication $800
$800 is requested to pay for overseas calls, fax, email and telephone services.
c) Petroleum Oil and Lubricant $1,500; To purchase gasoline and oil to conduct outreach services.
d) Freight $500; $500 is requested to send off-island Pap smear specimen on Continental Airline to be read by Clinical Laboratories of Hawaii.
TOTAL: $118,117
BUDGET NARRATIVE JUSTIFICATION
Fiscal Year 2006
State of Kosrae
PERSONNEL: $39,732
This amount requested is to continue support the salary of five (4) full time staff and the differences will hired one (1) full time Nutritionist for the MCH Program.
FRINGE BENEFITS: $3,178
Fringe benefit at the rate of 8% of the base salary is set aside for social security, insurance and other benefits due.
TRAVEL: $8,000
This amount will cover travel cost for the MCH Coordinator to attend three major activities; 1) MCH/FP Institute in Marshall Island, 2) Pacific Islands MCH Coordinators Conference in Honolulu, Hawaii, and 3) American Pacific Nurse Leaders Council Conference.
EQUIPMENT: $3,000
A sum of $3,000 is requested to purchase a lab-top computer to hence data collection in the field and outreach presentation.
SUPPLIES: $4,000
A) Medical and Dental Supplies $3,000; Of this amount, $2,500 is requested to purchase medical

supplies, $500 is to support the dental unit for its dental preventive programs.
b) Expendable Supplies $1,000; A total of $1,000 will purchase office supplies for MCH clinic both in the center and out in the Fields.
CONTRACTUAL SERVICES: $8,570
a) Pap Smear costs: $3,030; A sum of $3,030 will continue contract the Clinical Laboratories of Hawaii for pap smears reading.
b) Breast Feeding Support Group: $5,000; A sum of $4,500 will fund 4 Breast Feeding Support Group Mothers supporting exclusive breastfeeding in the communities. The differences will support repair/maintenance cost of the MCH program equipments.
OTHER: $4,000
a) Printing and Reproduction: $600; This amount of $700 is requested for printing and reproduction of health education materials in both English and Kosrean for the MCH Program.
b) Rental Services: $500; A sum of $500 is requested for boat and car rental services to do an outreach clinic in Walung.
c) Petroleum, Oil & Lubricants (POL): $200; This amount will cover POL for outreach activities in the four municipalities.
d)Misc.: $2,300; This amount of $2,300 will facilitate breastfeeding week, Healthy Baby of the year and Community Workshops.
TOTAL: $70,480
BUDGET NARRATIVE JUSTIFICATION
Fiscal Year 2006
State of Pohnpei
PERSONNEL: $74,689
A total of $74,689 is requested to continue support salary of six (6) existing MCH staffs includes provision of within-grade increase. The differences will also support the salary of the Acct. Technician/Program Assistant.
FRINGE BENEFITS: $4,482
This amount is based on 6% of the base salary for social security and other benefits due the staff.
TRAVEL: $11,633
$2,633 is for intra-island travel. The differences will support off-island travel for the MCH coordinator to attend the MCH/FP Institute in Marshall Island, Pacific Islands MCH Coordinators conference in Honolulu, and APNLC in Marshall Island.
SUPPLIES: $5,800
a) Medical Supplies: $4,000; This amount will purchase prenatal vitamins, iron tablets and liquid, multi-vitamin drops, Tylenol or Tempra liquid for the children.
b) Dental Supplies: $1,000; To purchase sealants for the dental services.
c) Office Supplies (Expendable): $800; To purchase office supplies and materials.
EQUIPMENT: $-0-
No equipment requested in FY-06.
CONTRACTUAL SERVICES: $4,000
$4,000 will continue contracted the clinical Laboratories of Hawaii to read pap smears.
OTHERS: $1,600
$200 will cover printing & reproduction; b)$1,000 for communication and c) $400 for fuel.
Total: $102,204
BUDGET NARRATIVE JUSTIFICATION
Fiscal Year 2006
State of Yap
Personnel: $47,820
$47,820 is requested to support salaries of seven (7) MCH staff with merit increase.
FRINGE BENEFITS: $2,869
Fringe benefit is based on 6.0% of the total base salary, which covers social security, insurance and other benefits due the staff.
TRAVEL: $10,472
A sum of $3,000 is requested for intra-island travel to the outer-island. The differences of $7,472 is requested to support off-island travel of the MCH Coordinator to attend two separate conference in FY-06. 1) FP/MCH Institute in Marshal Island and 2)Regional MCH Coordinator's Conference in

Honolulu, Hawaii and 3) APNLC, Marshall Island.
EQUIPMENT: $4,580
A sum of $4,580 is requested to purchase CTG machine for pregnant women in labor room and dopplers to be use in the dispensaries and community health centers.
SUPPLIES: $800
$800 is requested to purchase medical and office supplies for both MCH and Dental Program.
CONTRACTUAL SERVICES: $3,000
This amount requested will continue contract the Clinical Laboratories of Hawaii for Pap smears reading.
OTHER: $2,000
$200 is for fuel, $300 for freight, $1,000 is for allowances for the high risk pregnant mothers and $500 will support Baby of the month initiative.
TOTAL: $71,541

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.